PLEASE TYPE OR PRINT	Entered previous May Show
	yes no
☐ Ms.	
Mr. Artist \ \ \ \ \ \ \	
Permanent 11420 (Aug	while the CLEVELAND
44/06 Street Tel. (746)	791-15 93
Zip Area Code	
Temporary or 11420 F Studio Address 11420 F	Ainchild 2 Clevelan
(5)+4410% Tel. (216)	
Zip Area Code	
If you do not presently live in on	e of the counties of the
Western Reserve, in which county	
Collaborator	
(If Any)	
If May Show entries are not accep	oted or not sold:
Artist will pick up at Museum	
Museum should dispose of.	
Museum should ship to artist to this address:	at artist's expense

## Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain or exhibition until July 1, 1984.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature / // /

pred in the entry information.

DO NOT DETACH